

000 351

*Please answer all of the questions listed below.*

Page 1 of 1

## EXECUTIVE COUNCIL

## "AFTER THE FACT"

000 352

## Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2 (other person is board member) Contact E-mail: Kathy.cornwell@iowa.gov

Name of Person Attending: Lorinda Inman Working Title: Executive Director

Department: IDHP Division/Bureau/Section: Board of Nursing

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, IL Dates of Travel: 3/13/11 – 3/16/11  
(If after June 30, 2011 – you DO NOT need this waiver.)

Funding Source: ☐ Appropriated State:     % ☐ Federal:     % ☒ Other: 100% If Other, Specify: NCSBN  
(If the coding for the travel claim is appropriation 0000 – you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1592.92

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 1/24/2011

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) \_\_\_\_\_

The topics discussed are important issues with the Board of Nursing and the ability to stay abreast of changes to National Regulations, Rules, License Exams and Nurse License Compact. \_\_\_\_\_

Department Director Signature: Mariannette Miller Meeks Date: 5/11/11

Department Director Printed Name: Mariannette Miller Meeks, MD

This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

**APPROVED**  
**Executive Council**  
**MAY 23 2011**

## 000 353

*Please answer all of the questions listed below.*

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

## MAY 23 2011

## EXECUTIVE COUNCIL

### Out-Of-State Travel Waiver Justification

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If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 2

Name of Person Attending: Timothy Leinen Working Title: Major

Department: Department of Public Safety Division/Bureau/Section: Iowa State Patrol

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Grand Rapids, Michigan Dates of Travel: June 12-15, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal:    % ☐ Other:    % If Other, Specify:      
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1310.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:    


Reason for Travel Waiver (Select one)    

☐ Fulfills statutorily required duties (Cite the specific statute)    

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)    

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

The Combined Accident Reduction Effort (C.A.R.E.) is a conference of State Patrol organizations who have joined together in the endeavor of reducing human suffering on our highways, particularly during the national holidays. The Iowa State Patrol is a participating member of this coalition and participation at the conference enhances not only our efforts, but allows other agencies to benefit from Iowa State Patrol traffic safety programs.

Department Director Signature  Date: 5/18/11

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**See Fact Sheet for more complete information.**

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Executive Council Approval

**APPROVED**  
**Executive Council**  
**MAY 23 2011**

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**Please answer all of the questions listed below.**

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## 000 356

**Please answer all of the questions listed below.**

Page 1 of 1

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

**Number of People on Trip:** 2

**Name of Person Attending:** Duane Fournier

**Department:** Commerce

**Will this trip require an overnight stay outside of Iowa?** No: ☐ Yes: ☒  
*(If No – you DO NOT need this waiver.)*

**City (Cities) Traveling To:** Washington, DC

**Funding Source:** ☐ Appropriated State: \_\_\_\_% ☐ Federal: \_\_\_\_% ☐ Other: 100% If Other, Specify: Commerce Revolving Fund  
*(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)*

**Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):** \$2,500

**Does this Trip Require Executive Council Approval for Conference/Convention?** No: ☒ Yes: ☐

**If Yes, Have You Received Approval?** No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

**Reason for Travel Waiver (Select one)**

☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)  
Small Module Nuclear Power has been proposed for Iowa. This conference would address related critical issues such as the development of small modular reactors (SMRs), the economics of SMRs, and key steps in making the reactors operational.

**Department Director Signature:** [Signature] **Date:** 5/17/2011

**Department Director Printed Name:** Elizabeth S. Jacobs

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**Additional information to assist you in completing this form.  
See Fact Sheet for more complete information.**

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**Executive Council Approval**

APPROVED  
Executive Council  
MAY 23 2011

000 358

*Please answer all of the questions listed below.*

Page 1 of 1



**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 359

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: larry.sorensen@iub.iowa.gov  
Name of Person Attending: Larry Sorensen Working Title: Utilities Regulation Inspector  
Department: Commerce Division/Bureau/Section: Utilities/Safety & Engineering  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: PHMSA training for In Line Inspections.  
(If No – you **DO NOT** need this waiver.)  
City (Cities) Traveling To: Tulsa, Oklahoma Dates of Travel: June 5 through June 10, 2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)  
Funding Source: ☐ Appropriated State: 50% Federal: 50% X Other: Revolving Fund  
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1238

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

**Reason for Travel Waiver (Select one)**

Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_

Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_

X Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Course PHMSA PL 3292, T & Q Division's Safety Evaluation of Inline Inspection (ILI) Piggings Programs Course, will provide instruction on the tools and methodology used to evaluate the condition of natural gas and hazardous liquids pipeline by running instrumented devices (pigs) through them. The Utilities Board is certified by and receives grant funds from the US Department of Transportation under 49 USC Chapter 601 to inspect gas companies for compliance with federal pipeline safety standards. This class is necessary to meet federal inspector qualification requirements and avoid grant penalty.

Department Director Signature: Libby Jaworski Date: 5-16-11

Department Director Printed Name: Libby Jaworski  
This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)

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**Executive Council Approval**

**APPROVED**  
**Executive Council**  
**MAY 23 2011**



**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 361

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1

Name of Person Attending: Gail Beebe Working Title: ITS SPEC 3

Department: IDPH Division/Bureau/Section: Nursing Board

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, IL Dates of Travel: 6/6/11 - 6/7/11

Funding Source: ☐ Appropriated State:     % ☐ Federal:     % ☒ Other: 100% If Other, Specify: NCSBN  
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1308.57

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:     

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)     

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)     

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

This meeting has been called to bring 10 member boards together to discuss changes regarding nurse license status changes and the ability for license boards to notify employers and the public of license changes. This is a move to improve public safety and electronic data security.

Department Director Signature Mariannette Miller-Meeks, MD Date: 5/17/11

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**Executive Council Approval**

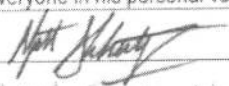
**APPROVED**  
**Executive Council**  
**MAY 23 2011**

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 362

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*Please answer all of the questions listed below.*

Number of People on Trip: 4 (including Secretary Schultz) Contact E-mail: Ann.clary@sos.state.ia.us  
Name of Person Attending: Joeb Shellenberger Working Title: Web Programmer  
Department: Secretary of State Division/Bureau/Section: IT  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: Researching electronic poll book options  
(If No – you **DO NOT** need this waiver.)  
City (Cities) Traveling To: Lansing, MI Dates of Travel: June 2 – 4, 2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)  
Funding Source: ☒ Appropriated State: 100% ☐ Federal:     % ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)  
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 500.00  
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐  
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:       
Reason for Travel Waiver (Select one)  
☒ Fulfills statutorily required duties. (Cite the specific statute.) Iowa Code § 47.1 (1)  
☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)       
☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)  
§ 47.1(1) - The state commissioner of elections shall prescribe uniform election practices and procedures. We are sending the Secretary, the Elections Director, IT web programmer and IT desktop programmer to analyze the Michigan electronic poll book for use statewide. The cost is for lodging and meals since the Secretary will be driving everyone in his personal vehicle.  
Department Director Signature:  Date: 5/18/2011  
Department Director Printed Name: Matt Schultz

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

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**APPROVED**  
**Executive Council**  
**MAY 23 2011**

000 363

**Please answer all of the questions listed below.**

Department Director Printed Name: Nat Schulte

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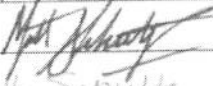


**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 364

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*Please answer all of the questions listed below.*

Number of People on Trip: 4 (including Secretary Schultz) Contact E-mail: Ann.clary@sos.state.ia.us  
Name of Person Attending: Sarah Reisetter Working Title: Director of Elections  
Department: Secretary of State Division/Bureau/Section: Elections  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: Researching electronic poll book options  
(If No – you **DO NOT** need this waiver.)  
City (Cities) Traveling To: Lansing, MI Dates of Travel: June 2 – 4, 2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)  
Funding Source: ☒ Appropriated State: 100% ☐ Federal:     % ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)  
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 500.00  
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐  
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:       
Reason for Travel Waiver (Select one)  
☒ Fulfills statutorily required duties. (Cite the specific statute.) Iowa Code § 47.1 (1)  
☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)       
☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)  
§ 47.1(1) - The state commissioner of elections shall prescribe uniform election practices and procedures. We are sending the Secretary, the Elections Director, IT Web programmer and IT desktop programmer to analyze the Michigan electronic poll book for use statewide. The cost is for lodging and meals since the Secretary will be driving everyone in his personal vehicle.  
Department Director Signature:  Date: 5/18/2011  
Department Director Printed Name: Matt Schulte

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